




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: INCIDENTAL USE OR DISCLOSURE	POLICY NO. 500.15	EFFECTIVE DATE 04/14/03	PAGE 1 of 2
APPROVED BY:  Director	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 The purpose of this policy is to outline appropriate use or disclosure of Protected Health Information (PHI) by the Los Angeles County Department of Mental Health (DMH) that are incidental to uses and disclosures otherwise made in accordance with the Privacy Standards of the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 thru 164 (HIPAA).

POLICY

- 2.1 DMH will take steps to ensure that all Incidental use or disclosure is in accordance with HIPAA.

DEFINITIONS

- 3.1 **“Incidental Use or Disclosure”** means a use or disclosure of PHI that is incidental to a use or disclosure otherwise appropriate under, or permitted by, HIPAA. (see Section 4.1.2 of this policy for examples)
- 3.2 **“Administration Functions”** means administration functions performed by DMH.
- 3.3 **“Workforce Member”** means full and part time paid staff, volunteers and interns who perform duties on behalf of the DMH.

PROCEDURE

- 4.1 A DMH workforce member may make use or disclosure of PHI that is defined as incidental to or a by-product of a use or disclosure permissible under HIPAA and under DMH HIPAA-related policies and procedures under the following circumstances:
- 4.1.1 DMH workforce members must comply with Department policies on Use and Disclosure of PHI and Requests for PHI in compliance with the policy on Minimum Necessary Standards;
- and
- 4.1.2 DMH workforce members must apply reasonable safeguards to limit the incidental use or Disclosure. Such safeguards include, but are not limited to: (a) taking appropriate



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: INCIDENTAL USE OR DISCLOSURE	POLICY NO. 500.15	EFFECTIVE DATE 04/14/03	PAGE 2 of 2
---	-----------------------------	--------------------------------------	-----------------------

precautions to avoid being overheard when discussing an individual's PHI with that individual, his/her family members or other DMH workforce members; (b) avoiding discussing employee benefits issues involving PHI outside of appropriate DMH work areas; and (c) taking appropriate precautions to avoid leaving documents containing PHI out where non-DMH workforce members could view them.

- 4.2 The local program/clinic manager must be responsible for training his/her workforce members on Incidental Uses and Disclosures in compliance with the policy and HIPAA.

AUTHORITY

HIPAA, 45 CFR Section 164.530(c)